



# DoD Defense Support of Civil Authorities Course

**\*\*FOR OFFICIAL USE ONLY. PRIVACY ACT OF 1974 APPLIES\*\***



## Privacy Act Statement

1. AUTHORITY: 5 USC 301, 302,4103, and Executive Order 9397
2. PRINCIPAL PURPOSE(S): To report attendance and completion of formal courses (orientation and resident)
3. ROUTINE USES: To report entrance and change of status of students in special training courses
4. DISCLOSURE: Applicants are not required to divulge the personal information requested on this form; however, failure to do so may render applicant ineligible to participate in the training program, or may result in non-receipt of credit for requested training.

## INSTRUCTIONS

Complete this form to register for the DOD Defense Support of Civil Authorities Course. Once completed, email the form to the DOD DSCA Registrar at [usarmy.jbsa.arnorth.mbx.dsca-registrar@mail.mil](mailto:usarmy.jbsa.arnorth.mbx.dsca-registrar@mail.mil). For registration questions, contact the DOD DSCA Registrar at (210) 295-8803 or DSN 421-8803. This form must be received at least **45 working days prior to class start date**.

You must complete DSCA Phase II Prerequisites prior to class start date. The prerequisites are completion of DSCA Phase I and DSCA Phase II enrollment request (DSCA Course Form 2).

This application **does not guarantee** a seat into the requested DSCA Course. Seats are filled based on priority and availability.

## Attach your DSCA Phase I Certificate to the email when submitting your request

COURSE NUMBER: \_\_\_\_\_ CLASS LOCATION (city): \_\_\_\_\_ START DATE(mm/dd/yy): \_\_\_\_\_ END DATE (mm/dd/yy): \_\_\_\_\_

ARE YOU: \_\_\_\_\_ GENDER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ (PROPER NAME ONLY)

JKO USER NAME: \_\_\_\_\_

### 1. MILITARY:

FULL SSN: \_\_\_\_\_ RANK: \_\_\_\_\_ SERVICE: \_\_\_\_\_ COMPO: \_\_\_\_\_ ARMY ENLISTED MOS: \_\_\_\_\_ ARMY OFFICER/WARRANT: \_\_\_\_\_

SUPERVISOR INFO: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUPERVISOR'S EMAIL: \_\_\_\_\_ ORG: \_\_\_\_\_

### 2. FEDERAL CIVILIAN EMPLOYEES:

FULL SSN: \_\_\_\_\_ CIV GS/NSPS GRADE/PAYBAND: \_\_\_\_\_ (i.e. GS-11/YA-02) SERIES: \_\_\_\_\_

GOVERNMENT AGENCY (DoD Civilian Component or Federal Civilian Agency): \_\_\_\_\_ (i.e. DAFC= AF Civ)

SUPERVISOR INFO: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUPERVISOR'S EMAIL: \_\_\_\_\_ ORG: \_\_\_\_\_

### 3. CONTRACTORS:

CONTRACT MANAGER INFO: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CONTRACT MANAGER'S EMAIL: \_\_\_\_\_ ORG: \_\_\_\_\_

STAFF JUDGE ADVOCATE'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STAFF JUDGE ADVOCATE'S EMAIL ADDRESS: \_\_\_\_\_ APPROVED TO ATTEND: \_\_\_\_\_

### 4. ALL APPLICANTS:

MAJOR COMMAND (name, city & state): \_\_\_\_\_

PLACE OF DUTY (name, city & state): \_\_\_\_\_

DUTY TITLE & SECTION: \_\_\_\_\_

DSCA FUNCTION (i.e. DCO/E, EPLO): \_\_\_\_\_

WORK EMAIL ADDRESS (i.e. .mil): \_\_\_\_\_ PERSONAL EMAIL (if needed): \_\_\_\_\_

WORK COMM NUMBER: \_\_\_\_\_ DSN NUMBER: \_\_\_\_\_

DATE COMPLETED PHASE I: \_\_\_\_\_

## ATTACH PHASE I CERTIFICATE WHEN SUBMITTING YOUR APPLICATION

{Attach your DSCA Phase I Certificate to the email when submitting your request}

**INCOMPLETE FORMS MISSING NAME, PHONE #, DUTY TITLE, EMAIL, & COMMAND INFO WILL BE RETURNED TO SENDER**